



**ARKANSAS
STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS**

**P.O. BOX 3750
LITTLE ROCK, ARKANSAS 72203-3750**

**www.arkansas.gov/pels
Phone (501) 682-2824
Fax (501) 682-2827**

Office of Registrar
(College Name) _____

Applicant's Name: _____
Birthdate: _____

S.S. #: _____
Phone _____

Dear Sir or Madam:

The above named individual has filed, with this Board, an application for registration as a Land Surveyor In Training under the provisions of Act 214 of the 1953 General Assembly of the State of Arkansas. In regard to his/her education, he/she states as follows:

List Degrees and Date Received:

ONLY a registrar may complete this form.

Registrar Completes: place college seal here

Correct: _____

Incorrect: _____

Registrar's name _____

Phone number _____

Date: _____

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,
Executive Director
ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
AND LAND SURVEYORS

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203-3750.

Revised 03/05